

# YOUR INVITATION TO AN ACTS RETREAT

Chelmsford Catholic Collaborative

Women's ACTS Retreat

Espousal Retreat Center, Waltham, MA

**February 22 – 25, 2018**



***I will walk before the Lord, in the land of the living.***

Psalm 116:9

We would like to invite you to join us for a spiritually uplifting weekend, a change from your usual busy schedule. **ACTS** is an acronym for Adoration, Community, Theology and Service. This weekend will be an opportunity to strengthen your faith, renew yourself spiritually, and build and grow friendships with some great women. All women age 21 and older are welcome to attend.

The retreat begins Thursday evening, **February 22<sup>nd</sup>, 2018** with a **5:30-6:00 PM** check-in at St. John the Evangelist Church, in North Chelmsford. Transportation will be provided to the Espousal Retreat Center in Waltham, MA. We will return to St. John's Church on Sunday **February 25<sup>th</sup>** for the 10:30 AM Mass. A welcome home reception will follow Mass in the parish hall.

The total cost of the retreat is **\$245.00** and includes lodging, food, beverage and many activities. A non-refundable registration fee of **\$50** made payable to "**St. John's ACTS**" (**Retreat** in the memo section) must accompany this form to reserve your place. The remaining balance of **\$195** will be due by Thursday evening check-in. **Please Note:** Financial difficulties should not prevent anyone from attending. Please contact Jessica Keefe (see below) if you are in need of assistance.

**Please send or deliver your completed registration form and deposit to:**

**ACTS Retreat, St John the Evangelist Parish, 115 Middlesex Street, N. Chelmsford, MA 01863**

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**Questions & inquiries please contact:**

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**PLEASE DETATCH AND RETURN THE BOTTOM PORTION TO THE ABOVE ADDRESS.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Alt-Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Name as you want it to appear on our name tag \_\_\_\_\_

Will you have any specific dietary or medical needs during the weekend? \_\_\_\_\_

Parish: \_\_\_\_\_ City/State \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

2<sup>nd</sup> Family/Friend contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_